



INCIDENT SUMMARY

Permit Number: _____

Event Type & Status: _____

Organisers: _____

Number of Entries: _____

Date of Event: _____

Solo: _____ Sidecar: _____

Venue: _____

Discipline: _____

Clerk of the Course: _____

Meeting Secretary: _____

Event Stewards Southern CTRL: _____

Ulster CTRL: _____

Number of Races in Meeting: _____

No of Laps: _____

Lap Distance: _____

Average number of Starters per Race: _____

INCIDENTS

Total Number of Incidents: _____

a) Total involving Spectators: _____

How many Persons?: _____

b) Total involving other non-participants: _____

How many Persons?: _____

c) Total involving Officials: _____

How many Persons?: _____

d) Total involving Competitors only: _____

How many Persons?: _____

Where incidents occurred, separate Incident Forms must be submitted for each one.

How many incidents resulted in:

a) Transport to Hospital by Ambulance: _____

How many Persons?: _____

b) Transport to Hospital by other means: _____

How many Persons?: _____

c) Medical or First Aid treatment at event: _____

How many Persons?: _____

What was the nature of the injuries?

a) Death: _____

How many Persons?: _____

b) Serious or life threatening: _____

How many Persons?: _____

c) Loss of consciousness: _____

How many Persons?: _____

d) Broken bones: _____

How many Persons?: _____

e) Grazing or bruising: _____

How many Persons?: _____

The Incident Summary must be completed for all events no matter what the Discipline

This form must be completed and returned to the Centre even if NO incidents occur.